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| --- | --- |
| Name: |  |
| DOB: |  |
| Date of Diary: |  | to |  |
|  | MM/DD/YY |  | MM/DD/YY |

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| --- | --- |
| **Fill out before going to bed** | **Fill out in the morning** |
| **Date****(MM-DD-YY)** | **How sleepy did I feel during the day today?**1. **Very sleepy**
2. **Somewhat tired**
3. **Fairly alert**
4. **Alert**
 | **Number of caffeinated drinks****(coffee, tea, soda) and time when I had them today** | **Number of alcoholic drinks (beer, wine, liquor) and time when I had them today** | **Any recreational drugs today? (Y/N. If Yes, name, time and quantity taken)** | **Naptimes and lengths today** | **Exercise times and lengths today** | **Bedtime** | **How long I took to fall asleep last night** | **Wakeup time** | **Hours spent in bed last night** | **Number of awakenings / Total time awake last night** | **Medicines taken last night** | **How alert did I feel when I got up this morning?**1. **Alert**
2. **Alert but a little tired**
3. **Sleepy**
 |
| **Example**11-03-24 | 1 | 1 coffee,9 am | 2 beer,9 pm | No | 2:30 pm,40 mins | None | 11:30 pm | 15 min | 5:30 am | **6** | 1/5 mins | None | 2 |
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